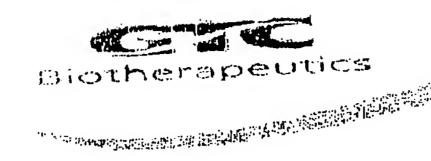
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I hereby revoke all previous powers of attorney given in the above-identified application. RECEIVED CENTRAL FAX CENTER JAN 2 5 2005 A Power of Attorney is submitted herewith. OR 31904 I hereby appoint the practitioners associated with the Customer Number. Please change the correspondence address for the above-identified application to: The address associated with 31904 **Customer Number:** OR Firm or Individual Name Address Zip State City Country Fax Telephona I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. / Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Byron V. Olden, Associate General Counsel, Intellectual Property Name Telephone (508) 370-5150 Date January 25,2005 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. forms are submitted. *Total of 1

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